

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000005019

**Entity Name:** BLUEGRASS INSURANCE MANAGEMENT, LLC**Current Principal Place of Business:**881 CORPORATE DRIVE  
LEXINGTON, KY 40503**Current Mailing Address:**881 CORPORATE DRIVE  
LEXINGTON, KY 40503**FEI Number:** 90-0491808**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROWE, SCOTT P  
7201 NW 11TH PLACE  
GAINESVILLE, FL 32605 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name TOWER HILLS CLAIMS MANAGEMENT II, INC.  
Address 881 CORPORATE DRIVE  
City-State-Zip: LEXINGTON KY 40503

Title PRESIDENT  
Name SHIVELY, WILLIAM J  
Address P.O. BOX 147018  
City-State-Zip: GAINESVILLE FL 32614-7018

Title DIRECTOR  
Name DOAK, MICHAEL  
Address 12 CROW LANE  
City-State-Zip: PEMBROKE BERMUDA HM 19 AF

Title MGRM  
Name RRV U.S. HOLDINGS, INC.  
Address C/O REINAISSANCE HOUSE 8-20 BROADWAY,  
City-State-Zip: PEMBROKE HM 19 BERMUDA

Title SECRETARY  
Name MATZ, JR., DONALD C  
Address P.O. BOX 147018  
City-State-Zip: GAINESVILLE FL 32614-7018

Title COO  
Name LACONI, RONALD BRUCE  
Address P.O. BOX 147018  
City-State-Zip: GAINESVILLE FL 32614-7018

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM J. SHIVELY**PRESIDENT****03/11/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date